2010 APR 21 PN 3: 59

FORM 1	ORGANIZATION				
NAME OF COMMITTEE (in	n full)	(Check if name is changed)	Example:If typing, type over the lines.	12FE4M	Office Use Only
TEXAS R	ZEDWB	LICANS GAP	LITIED POLLIT	LEAL	ACTILON
COMMITTEE CT. 2 WPAC					
ADDRESS (number a	ınd street)	815			
(Check if a		<u> </u>	<del></del>		
다고 is changed)		ALLSTINI		TX	7.8.7.91-
			CITY	STATE	ZIP CODE
COMMITTEE'S E-MAIL ADDRESS (Please provide only one e-mail address)					
(Check if	address	Linition Ciamp	lajignfinanc	11211	C101M
is change السا	ed)			للكليا	
COMMITTEE'S WEB	B PAGE ADD	RESS (URL)			
(Check if is change	addrass				
2. DATE					
3. FEC IDENTIFICATION NUMBER					
4. IS THIS STATE	MENT X	NEW (N) OR	AMENDED (A)		
I certify that I have o	examined this	Statement and to the best	t of my knowledge and belief it	is true, corre	ect and complete.
Type or Print Name of Treasurer WARK POWELL					
Signature of Treasure	er		holam	Date	4 / 75 / 2010
NOTE: Submission of			may subject the person signing to		to the penalties of 2 U.S.C. §437g.
Office Use Only			For further information of Federal Election Commission Toll Free 800-424-9530 Local 202-694-1100		FEC FORM 1 (Revised 02/2009)